MNCYN & LHSC COVID-19
Weekly Perinatal Regional
Teleconference Update
Minutes

Perinatal Weekly Regional Teleconference Minutes
Date: Mar 25, 2020
1500-1530 hrs.

Moderators: Leanne McArthur, Gwen Peterek

Present: Leanne McArthur (MNCYN), Gwen Peterek (MNCYN), H. Roukema (LHSC-NICU), S. Laureano (LHSC), M. Rathwell (HPHA), E. Antolinez (WGH), Kristine Fraser (MNCYN), Sheila Johnston (MNCYN), Anita Bunnie (MNCYN)
Accepted: (not known if present) S. Parkinson (LHSC), E. Runciman (LHSC), C. Edwards (TBH), K. Hannon (HPHA), L. Paton / A. Cook (WGH), R. Sousa (LHSC), A. Stevenson (LHSC), K. Turner (BWH), A. Abbey (TBH), C. Welsand (SBGHC-Walkerton)

Item #1: Welcome/Regional Updates, COVID-19 Cases (Leanne McArthur)
Discussion:

- COVID-19 cases – Canada 671 confirmed, 10,489 people under investigation, 8 resolved, 9 deceased
    - London19 cases, increase of 5 just today, 4 admitted at LHSC. Leanne provided update of 9 cases at various locations in the southwest region.
    - Positive news - none have been mat/newborn cases

Item #2: LHSC Women's Care Updates (Stacey Laureano, LHSC)
Discussion:

- Any updates or changes to share, processes, policies?
    - All updates from last call are pending and in motion. Team members working to finalize, likely by weeks' end.
    - (Henry Roukema) same timeline for NICU processes and policies
- Maternal / Newborn separation – highly debated topic. Working with OBS/GYN leads in Ottawa and GTA (SOON), as well as Public Health experts, trying to come up with standardized provincial guidelines / approach.
- Hoping to get finalization from London's perspective by Friday.

Action Items:

- **Post update on Mat/Newborn separation**
- **Post links to LHSC Women's Care resources for sharing of policies, processes, updates, changes, etc.**

Item #3: MNCYN Updates (if applicable) (Leanne/Gwen)
Discussion:

- **Regional FAQ** – will be posted to MNCYN home page of www.mnycn.ca – evolving document and will be updated weekly on Fridays
- **List of Resource**s with links have already been posted to MNCYN website – also evolving over time. Were included in handouts that went out today - Links from Association of Ontario Midwives will be added to be inclusive of our midwifery partners
- **Patient Brochure** – Kristine and Gwen have developed a patient brochure for pregnant women (collaboratively with LHSC and MLHU). Not necessarily London centric – the brochure can be adapted for each area in the region with local HU numbers or contacts. This brochure will evolve as well and will also be posted on MNCYN website.
- **Emails**: Recognize that lots of emails are coming out from MNCYN to region. We are aware of the overwhelming amount of information and are trying to streamline how often communications are sent from MNCYN. These TCONS are meant to share information. We understand if you are unable to attend. Those on our mailing list will continue to receive updates, minutes. We encourage you to share the TCON appointments and information shared with your colleagues so that your organizations can remain informed.
- **Well baby follow up visits** – Has not been at issue to date in London. Have been looking at escalation process ie: if family physicians had to go into acute care hospital, what process / strategies would be used to provide community support for follow up to moms and babies
    - RM (London) Discussions taking place with Ontario Midwives Association working with Ministry to look at how midwives could help when family physicians are having difficulty managing. Discussions include process to allow this to occur and how they would be paid for service. Midwives are willing and able.
    - Andrea (RM) noted that in the UK they have taken over hotels to allow labouring women to deliver there (low risk patients).

Action Items:

- **Update links as necessary (Q&A), FAQ (weekly)**
- **Follow up escalation process re: well baby care visits and potential midwifery assistance to deliver low risk moms.**
- **Request for midwifery to continue to update MNCYN on the discussions with the Ministry re: low risk delivery**

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Item #4: Regional Q&A, Open Discussion
Questions:

1. **Q: Dr. Edgar Antolinez (Woodstock)** - **Concerns about staff being overwhelmed and becoming sick and what should the plan be if staffing numbers decrease due to illness**. Need to consider that not all hospitals are the same (ie. Woodstock has 5 OBS and 1000 deliveries/yr). Concerned that we could become so overwhelmed that we might have to shut unit down. Could Level I patients be referred to Level II or Level III hospitals in order to conserve the low-risk hospital staff? Is there a possibility of trading low-risk patients? Feel need to have more contact with LHSC re: labouring patients and ability to transfer to other site for delivery.

   A: Leanne McArthur- have not had conversations about this with LHSC but will bring this concern to the medical staff and leaders. However, unless woman is high risk and needs higher level of care, we encourage that patients should stay local. Otherwise, LHSC will not be able to manage the extra volume, presuming other small hospitals would follow suit.

2. **Q: Melissa Rathwell (HPHA) - Recently did mock scenario for person under investigation. Some questions were raised. We are currently using PPE for droplet precautions (surgical mask). Should we be wearing N95 mask in case of need for PPV? At what point are you switching to N95 mask?**

   A: Henry Roukema– not sure what OB team is doing about timing, but for resuscitation, intubation, suctioning, (aerosolizing procedures), expanded PPE is advised (N95 mask)

   Q: Melissa Rathwell (HPHA). If mom requires oxygen during delivery, at what stage do you need to wear N95 mask (ie: L/min)?

   A: Henry Roukema – not sure of the source /evidence, but have heard it is 6 L/min
   Leanne McArthur - The Society of Obstetric Anaesthesia & Perinatology recommends that for woman with suspected or confirmed COVID-19 requiring supplemental oxygen in labor, a surgical mask should worn over the nasal cannula, as humidifying oxygen results in the aerosolization (or spray) of infectious particles to a radius of about 0.4 meters, with a resultant risk of nosocomial droplet infection. (AJOG, COVID-19 Pandemic and Pregnancy)

Q: Melissa Rathwell (HPHA) Re: swabbing babies if mother is COVID-19 positive or supected – Is this happening right at birth?

A: Henry Roukema – has not been an issue to date. Recommendations for swabbing are plentiful, however, the availability of swabs is not. Therefore, we are not doing this initially at birth. We may swab the baby if they show symptoms. Evidence from China indicates babies weren't positive right from birth, but some became pos. at about 30 hours of age. Would be a shame if we don't swab right away as we need the data.

Q: Edgar Antolinez (WGH) - Is there any provincial way to support hospitals for PPE or will it remain an issue of every institution for themselves?

A: **Leanne McArthur** – Discussions are occurring at Ministry level, not sure how it will be allocated though at this time.

Action Items:

- **MNCYN to address concerns from Woodstock re: strategy should small hospitals face increasing illness in staff and unable to provide L&D care.**
- **Discuss with OBS at LHSC what they are doing re: timing of switch to N95 for COVID-19+ person under investigation**
- **Investigate whether there is a provincial initiative to source out and provide hospitals with PPE, or will each hospital have to manage this?**
- **Add questions discussed to FAQ document**

Adjournment: 1525 hrs.